

Randomlight Limited

# St Nicholas Care Home

## Inspection report

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17 September 2019

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

St Nicholas Care Home is owned and operated by Randomlight Limited who were registered in February 2019. The home provides nursing and personal care for up to 176 people over six houses. Three houses provide general nursing care and one provides nursing care to people who have a learning disability. Another provides nursing care for people living with dementia whilst the remaining unit provides personal care to people with dementia. There were 109 people accommodated at the time of the inspection.

When we inspected the house for people with a learning disability we considered best practice guidance for care services supporting people with learning disabilities. 'Registering the Right Support' and other best practice guidance help ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. On Brocklebank House they didn't apply the full range of the principles and values of Registering the Right Support and other best practice guidance.

Brocklebank house was bigger than most domestic style properties. It was registered for the support of up to 28 people with a learning disability. 17 people were using the service at the time. This is larger than current best practice guidance. However, we found any negative impact on people was mitigated by the fact the building was separate from the other houses on site. There was also a strong commitment to good practice in line with promoting an individualised approach to care. There were improvements needed however to further mitigate any negative effects on people, including a review of the current staff uniform policy. We have made a recommendation.

People's experience of using this service

There were several shortfalls and inconsistencies in the completion of the paperwork used to record the administration of medicines. This meant there was a risk some medicines for people were not monitored safely and there was a risk some people might not receive their medicines.

The home did not always have enough employed nursing staff so there was high use of agency nurses. This affected communication and the consistency of the care given, which increased risk to people.

Most people we spoke with told us that, despite staffing issues, they felt safe in the home. This was not always the case however. A health care professional gave examples where clinical care had suffered due to inconsistencies in the nursing staff. There were measures in place to make staffing more consistent but further improvements were needed.

Randomlight Limited are a new provider for the service. They have introduced new care assessments and care planning documentation. Records varied in their detail, accuracy and did not evidence a good level of personalised care. There were shortfalls in the assessment and management of risk.

The acting manager could evidence a series of quality assurance processes and audits carried out. However,

these checks and audits had not highlighted some of the issues we found on the inspection. They were effective in some areas of managing the home and were based on getting feedback from the people living there.

People living with dementia lived in a house that required further improvements to the environment to meet their needs and to assist with orientation. We made a recommendation regarding this.

Arrangements were in place for checking the environment to ensure it was safe. There was a good standard of cleanliness and the houses we visited were generally maintained.

Most people and their relatives told us they were happy with the standard of care and felt supported with their care needs. Overall there was a positive and relaxed atmosphere in the home. People living in the home interacted freely and staff interactions were observed to be caring and supportive.

People's dietary needs were managed with reference to individual needs and choice. Meal times provided a good social occasion

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection:

The last rating for this service was requires improvement (published 12 July 2018). Since this rating was awarded the registered provider of the service has changed in February 2019. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

The service remains rated requires improvement. This service has been rated requires improvement since 2014 and has had three different providers over this period.

Why we inspected:

The inspection was prompted in part due to concerns, received from professionals, of planned care not being carried out and reports that people's personal care was compromised.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider made some immediate changes to the medicines management systems following our feedback. we will review the effectiveness of these at our next inspection.

Follow up:

We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed.

We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not effective safe.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

Details are in our Well led findings below.

**Requires Improvement** ●

# St Nicholas Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by three adult social care inspectors, a specialist pharmacy advisor and two Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

St Nicholas care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a new acting manager whose application for registration was also ongoing at the time of the inspection.

#### Notice of inspection

This was an unannounced inspection which took place on 16 and 17 September 2019.

#### What we did

Our planning considered information the provider sent us since the last inspection. We considered the concerns we had received prior to the inspection so that we could focus our visit. We considered information about incidents the provider must notify us about, such as abuse or other concerns. We obtained information from the local authority commissioners and other professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with 19 people using the service and nine family members to ask about their experience of care. We also spoke with the registered manager, current acting manager, senior managers for the provider and 20 members of staff. We received feedback from a visiting professional.

We carried out a SOFI observation on Gladstone House. Short Observational Framework for Inspection (SOFI) is a methodology we use to understand the quality of the experiences of people who use services who may be unable to provide feedback due to their cognitive or communication impairments. SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs.

We visited four of the houses; Huskisson house had an infectious outbreak at the time of our inspection and was not visited. Another house was closed and is not currently in use.

We looked at 11 people's care records and a selection of other records including quality monitoring records, training records, staff records, and records of checks carried out on the premises and equipment.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

This is the first inspection for this registered service under the current provider. At this inspection this key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and Recruitment

- There was a high use of agency staff currently to cover shifts in the home. The provider recognised this as an issue and had a recruitment plan in place. There were examples of inconsistent care, poor communication and lack of knowledge with the high use of agency nurses; for example, an agency nurse not being aware of a clinical care need for one person at the time of our inspection.
- Analysis of agency nurse usage over the previous month showed a steady rate evidencing that situation remained ongoing at the time of the inspection. At the time of the inspection one house had been covered solely by agency staff cover for the preceding week. The use of agency nursing staff had increased at the service since May 2018.

The high use of agency nursing staff increased the risk of inconsistent clinical care. This was breach of Regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Care staff numbers were generally covered and the care staff team on each of the houses was relatively stable. Care staff reported they were mostly supported and worked well as a 'care team'. An examination of the staff on duty record for the past month showed some shifts not covered by the providers agreed staffing numbers for care staff on Langton house. For example, 18 out of 28 afternoon shifts were short. On further examination the acting manager explained that this was because of reduced numbers of people being accommodated on that house at the time and felt the care staff numbers were safe.

### Using medicines safely

- On the inspection we found several shortfalls and inconsistencies in the completion of the paperwork used to record the administration of medicines. For example, we noted several gaps on the Medication Administration Records (MAR) charts which meant that they were not an accurate record of administration.
- The amount of medicine received or carried forward was not always recorded to facilitate audit. A stock check of several items found that the amount available did not correlate with the administration records.
- Medicines were not always administered appropriately. The medicines for two people had been dispensed into pots and left on top of the trolley in the treatment room for administration later. There was no means of identifying who these medicines were for and the MAR's had already been signed to say that the medicines had been administered which they had not.
- When medicines were prescribed on a 'when required' basis the protocol did not always include explicit details to support administration. Some PRN protocols were missing and for two residents there was a PRN protocol for a medicine which was no longer prescribed.



- Medicines were not always stored in a safe and secure manner. When medicines, creams and thickening agents were opened the date and any expiry information was not always noted. Where creams and thickening agents were stored outside the treatment rooms a risk assessment was not in place to ensure that they continued to be stored securely and at the correct temperature.
- The disposal records were not always witnessed at the time when the medicines were placed in the bins.
- Following our feedback, the provider responded and ensured medication records were reviewed and updated.

The failure to ensure safe management and administration of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

#### Assessing risk, safety monitoring and management

- Clinical risk assessments were carried out routinely for people, but these were not always consistent in their detail or application. For example, one person who had risks associated with challenging behaviour, another person with a risk of falls and a person who had risks identified regarding fluid intake. The assessments and care plans in place did not provide reassurance that these risks were being managed safely.

This failure to have appropriate risk assessments and management plans is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The provider had a recruitment policy that helped ensure staff were recruited appropriately with the required checks made to ensure staff were safe to work with vulnerable people.
- There were good systems in place to ensure the environment in each of the houses and across site were safe and secure. Key indicators such as fire safety, control of legionella and monitoring of hot water temperatures were all carried out routinely and any issues identified were addressed.

#### Preventing and controlling infection

- Staff had received training around preventing and controlling infection and access to relevant guidance and information. Routine cleaning was carried out and people's accommodation was seen to be clean and hygienic.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.
- There had been safeguarding issues highlighted leading up to our inspection and the registered manager and regional manager had worked with the safeguarding authorities in a positive way.

#### Learning lessons when things go wrong

- The service kept a record of any incidents or accidents that occurred. Individual accident / incident records contained good detail and a review of risk had been carried out and the care plan for the person updated to reduce any future risk. There were good management processes to identify any patterns or trends if incidents occurred.

# Is the service effective?

## Our findings

Effective - this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this registered service under the current provider. At this inspection this key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to our inspection we received information indicating that a plan of care designed to promote improved mobility for a person had not been supported and carried out effectively by staff. Our inspection supported these concerns.
- A visiting health care professional told us clinical care was not always consistent and we found evidence to support this. For example: wound care had not been carried out as directed resulting in the effectiveness of the wound dressing being compromised. There were other examples of people's pain not been effectively managed.

This failure to provide safe care and treatment is a breach of Regulation 12 of the Health and Social care Act (Regulated Activities) Regulations 2014.

- Although inconsistent on occasions, care and support was mostly planned and monitored in line with people's individual assessed needs. Some care plans we reviewed evidenced some well-planned interventions for some complex care needs.

Adapting service, design, decoration to meet people's needs

- People told us the general environment of the home was pleasing, well maintained and comfortable. All areas were well decorated and homely.
- There were adaptations to shared bathrooms and toilets for people with disabilities to make them easier to use.
- Gladstone house supported people living with dementia. There had been some innovations to improve the environment to support people's orientation, but these could be further enhanced.

We recommend that the registered provider explores the use of audit tools that can assess and promote good practice in developing the environment to support people living with dementia.

Supporting people to live healthier lives, access healthcare services and support

- People received additional support from healthcare professionals and this was recorded within their care records. The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals.

Staff support: induction, training, skills and experience

- We received mixed feedback regarding the competence of staff to deliver care. Most people and family members told us that regular care staff had the skills and knowledge to provide the right support. One person told us, "My health has improved since I have been at the home." This was not universal and feedback from visiting health professionals cited a lack of understanding and communication because of a high use of agency nurses at St Nicholas.
- The acting manager advised us that staff completion of training had been 'low', but this had been addressed and training statistics showed most staff having completed recent training and key updates. • There was an induction programme, but this did not currently include reference to the Care Certificate which is the governments blue print for care staff induction. The acting manager assured us that there was now an agreement with the training provider to introduce this for all new care staff.
- A training plan had been devised together with a series of staff supervisions ongoing.
- Fifty two percent of care staff had a qualification in care at NVQ or Diploma level. The acting manager was planning to increase this percentage to evidence a good overall base for care staff knowledge.
- All staff felt the home was improving and felt supported by the acting manager. One staff told us, "The atmosphere is really positive now which has not always been the case in the past."

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People being supported who were subject to DoLS authorisations were being monitored effectively.
- There were examples of people having been assessed as lacking the capacity to make specific decisions. Good practice was followed in making decisions in peoples 'best interest. Staff we spoke with understood how some decisions could be made in people's best interest if they lacked the capacity to fully understand or consent.
- People and their relatives told us they were always offered choice and control over the care they received. One person told us "I always know what is happening and any information I need is passed on to me."

#### Supporting people to eat and drink enough to maintain a balanced diet

- People and family members told us, and observations confirmed, that staff supported people when required at meals times. Meal times were a very sociable occasion in the houses we visited. There was a 'hostess' on each unit to assist and monitor food and fluid intake. Most of the people we spoke with commented positively when asked about the food on offer.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this registered service under the current provider. At this inspection this key question has been rated as requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Although we received many positive comments from people we spoke with on the inspection, we found, overall, there were issues identified that undermined a caring provider. There were issues regarding people not always receiving safe care, risks not being assessed and lack of continuity of staff who knew people well. The provider needed to engage further with best practice in some key areas of care.
- Most people told us they were treated with kindness and were positive about the caring attitudes of staff. Nearly all the feedback we received on the inspection about the service was positive regarding the approach of the regular staff when carrying out care. One person told us, "The staff here are amazing. I get all the help and support I need. (Staff) always says this is not a care home, it is your home."
- Care staff we saw displayed positive, warm and familiar relationships with the people they interacted with. We observed staff had a good rapport with people and people trusted staff in their daily interactions.
- Most staff understood, and supported people's communication needs and choices. Care records included information on how people communicate their wishes as well as information about people's life history, likes, dislikes and preferences.

Respecting and promoting people's privacy, dignity and independence

- Most people told us that privacy and dignity were maintained, by staff knocking before entering bedrooms and doors and curtains being closed during personal care.
- Staff involved people in shared activity and supported them to contribute at their own pace.
- A relative told us, "The staff do encourage (person's) independence in small ways so that (person) can manage."

Supporting people to express their views and be involved in making decisions about their care:

- People were supported to communicate their views and were involved in planning their activities and daily life. Reviews of care were undertaken which included people's input and involvement as part of this process. A relative told us, "I am always informed about my (person's) care and any changes."
- People and family members were encouraged to share their views about the care they received with regular meetings and surveys.
- People and family members told us they were confident in expressing their views about the care and support provided by staff and that staff tried to respond positively.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this registered service under the current provider. At this inspection this key question has been rated requires improvement.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Brocklebank house supported people who had a learning disability. A key element of current best practice is that links with the community are based on genuine individual choice, and that they develop over time as people's needs and preferences change. People living on Brocklebank were very dependent on staff, many unable to assist with independent life. There was a positive philosophy of care to promote a more able and inclusive life for people based on provision of equipment and promotion of individual activities.
- On Brocklebank, there was a strong shared culture based on people receiving support in the home with a settled staff team; this gave people confidence to build relationships and develop ongoing achievable goals.
- There was an ongoing programme of activities for people although access to the community had been limited because of the extent of people's disability and the use of a mini bus from the previous provider was no longer possible.
- Further developments were discussed in line with good practice guidance 'Registering the Right Support'. This included breaking down some existing barriers such as staff wearing uniforms.

We recommend that the registered provider review provision and support for people with learning disabilities in line with current best practice to make further improvements.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were activities coordinators employed who had input onto each house. As much as possible people were consulted about activities they might prefer.
- People were engaged in one-to-one activity but little else during the inspection. In the house for people living with dementia there were no planned activities for people on the day of our visit and the board advertising activities was blank.

We recommend a review of the provision of activities for people with dementia in line with good practice guidance.

- On all houses, care records were mostly completed and reviewed with the person's input or an advocate such as a relative.
- Some care records contained very good detail and evidenced an individualised approach to the care provided. However, this was not consistent.
- In one house records did not evidence individual choice. For example, one person's bathing routine was unclear and contradictory. The acting manager stated that this would improve and be more consistent once

the new care documentation had been fully introduced.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care planning documentation contained information about how people liked to communicate, and any preferences were recorded. There were a series of easy read information sheets and guides for people who may experience sensory deficit or had difficulty in communicating verbally.

#### End of life care and support

- Where palliative support was being provided, care plans included reference to good support for physical care needs and liaison with health care professionals for additional support. Consideration of specific end of life wishes was underway, and key family communications were highlighted and had also been considered.

#### Improving care quality in response to complaints or concerns

- People and family members knew how to provide feedback to the acting manager about their experiences of care; the service provided a range of ways to do this through care review meetings, surveys and resident / family meetings.
- Staff, people and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way.
- There had been complaints over the past six months concerning issues around personal care [for example]. The acting manager had acted appropriately to respond to these.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this registered service under the current provider. At this inspection this key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- Mostly the quality assurance arrangements set out by the registered provider were used to identify concerns and areas for improvement. However, these were not sufficiently robust to have identified the shortfalls that were found during inspection. This was particularly concerning regarding the medication management and lack of specific content in some assessments and care planning.
- The planned recruitment of nursing staff for the home was ineffective to date. The use of agency staff to cover nursing shifts had increased since the last inspection of this location. This had increased the risk of communication difficulties leading to assessment and planning of effective care being compromised.
- There were areas of care that needed further development with respect to current good practice.

This failure to have robust oversight of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Following the inspection, we were sent updates to documentation and assessments of the issues identified in our initial feedback although this did not include a review of the nursing staff recruitment plan.
- All staff, people and relatives advised us there had been a change in culture and approach since the new providers had taken over. One staff said, "(acting manager) is probably the best manager we've had. He talks to everyone and is always visiting the houses."
- The acting manager saw the home as a work in progress with the key task of having a settled nursing staff team.
- The management team had links with external organisations to help ensure they remained up to date with new procedures and information. Some areas of care we identified such as developing care for people living with dementia and care for people with a learning disability need further review in line with current evidence-based guidance, legislation, and best practice.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles, and understood quality performance, risks, regulatory requirements and leadership and management. The current registered manager supported the acting manager who had applied for registration with The Commission (CQC).
- When specific incidents occurred, these were documented through the home's accident and incident

processes.

- The provider ensured regulatory notifications were sent CQC to update on any incidents or issues affecting the home.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The acting manager and registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members.
- Staff understood the service's vision and felt valued. They understood the present difficulties with staffing the home and felt there had been some progress. They told us they felt valued and trusted by the managers and provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service. Staff were encouraged to share their views about the service through regular meetings.

Working in partnership with others

- The acting manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies who supported best practice.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The level of agency nursing staff used did not always ensure safe clinical care.</p> <p>Medicine management did not ensure people received medicines at the right time.</p> <p>There was a failure to robustly assess the risks relating to the health safety and welfare of people</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The service had checks in place, but these were not sufficiently robust and did not identify or address issues effectively.